STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station Office: 242 State Street Augusta, Maine 04333-0135 Tel: (207) 287-4179 Fax: (207) 287-6775

Website: www.maine.gov/ethics

Electronic Filing: http://www.mainecampaignfinance.com/public/home.asp

DECLARATION OF INTENT

Candidate's Name:		
Treasurer:	Political Committee:	
Bank Account Number (if known)	:	
	DECLARATION	
with the requirements of the M representatives, to conduct a faccount(s). I affirm the followi That I am seeking certi That I have not collected. That I have not accepted becoming a candidate. That I have disposed of that, if I have any camparticipating candidate myself made during the That I will continue to contin	of any campaign surplus before becoming paign deficit, I will not accept contribution or certified candidate, except that I ma	e Commission, its agents or g financial records and nt: candidate. gning this Declaration of Intent. oney contributions, since ng a candidate for this election. ons to repay that deficit as a y forgive any campaign loans to
Date	Candida	te's Signature
************	****************	************
	OATH AND NOTARIZATION	
I,above-named candidate persona his/her signature as his/her own t	, a Notary Public/Ai illy appeared before me, affirmed the truth of true act and deed.	ttorney, hereby acknowledge that the of the contents hereof, and affixed

Signature

Commission Expires

CGEEP/DI-1(10/03)

Date